

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SO</i>	<i>75316</i>	<i>10/19/00</i>
O.I.P.E. CLASSIFIER	<i>LS</i>	<i>75</i>	<i>10/21/00</i>
FORMALITY REVIEW	<i>S.B.</i>	<i>XC 895</i>	<i>11-14-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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